E	ffective on 12/08	8/2004								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						-	te if Known			
FEE TRANSMITTAL					lication Number	72				
For FY 2009					Filing Date 7/16/2004 First Named Inventor Frank Schilke					
TOT F1 2007					Named Inventor					
Applicant claims small entity status. See 37 CFR 1.27					niner Name	1618	M. Fubara			
TOTAL AMOUNT OF PAYMENT (\$) 180.00					Jnit may Docket	52020				
					Attorney Docket 4385 - 053939					
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order Other (please identify):										
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
FILING FEES SEARCH FEES EXAMINATION FEES										
				nall Entity Fee (\$)	Z <u>S</u> Fee (\$)	mall Entity Fee (\$)		Fees Pa	(2) bio	
Utility	330	82	540	270	220	110		rees 1 a	aια (φ)	
Design	220	110	100	50	140	70	-			
Plant	220	110	330	165	170	85			<del></del>	
Reissue	330	165	540	270 .		325				
Provisional	220	110	0	0	0	0		<del></del>	<del></del>	
									Small Entity	
Fee Description Fee (\$)									Fee (\$)	
Each claim over 20 (including Reissues) 52									26	
Each independent claim over 3 (including Reissues) 220								110		
Multiple dependent cla	ims						_	90	195	
<u>Total Claims</u> - 2	<u>20 or HP</u>	Extra Claim	<u>Fe</u>	<u>e (\$)</u>	Fee Paid (\$)		-	_	pendent Claims	
HP = highest number of total claims paid for, if greater than 20.										
Indep. Claims - 3	3 or HP	Extra Claim	ıs <u>F</u> e	ee (\$)	Fee Paid (\$)					
	<u> </u>	=	_ x		=					
HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under										
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
- 100 = /50 = (round <b>up</b> to a whole number) <b>x</b> =										
4. OTHER FEE(S)  Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): Information Disclosure Statement 180.00										
SUBMITTED BY										
Signature	ac	Registration No. (Attorney/Agent) 35,972 Telephone						41	12-471-8815	
Name (Print/Type)	rint/Type) Ann M. Cannoni							Date March 11, 2010		